MHSOAC
MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION

Meeting Minutes
February 27, 2009

California Institute for Mental Health
Sequoia Room
2125 19th Street, 2nd Floor
Sacramento, CA

1. Call to Order

Chair Poat called the meeting to order at 9:12 a.m.

2. Roll Call

Commissioners in attendance: Andrew Poat, Chair; Larry Poaster, Vice Chair. Richard Bray, Beth Gould, Tom Greene, Mary Hayashi, Patrick Henning, Howard Kahn, Bill Kolender, David Pating, Darlene Prettyman, Richard Van Horn, and Eduardo Vega.

Not in attendance: Linford Gayle, Larry Trujillo.

Thirteen members were present and a quorum was established.

3. Adoption of January 2009 Meeting Minutes

Motion: *Upon motion by Commissioner Kahn, seconded by Commissioner Henning, the Commission approved the January 2009 Minutes.*

4. Mental Health Funding Committee Report - Adopt Fiscal Reporting Template

Commissioner Greene provided an overview on the development process of the template, which will be presented at a later Commission Meeting. A "walk before you run" approach to financial reporting is being developed, and includes the basic elements of revenue as well as other monies coming in from the so-called Big Four funding sources (State General Fund, Federal Financial Participation, Realignment, and the Mental Health Services Act). The incoming revenue template will give projections, hopefully going out five years.

Another template will include projections of money going out, which will utilize the rich data sources on the state and local level that detail funding information. The Committee's goal is to provide the entire arc of funding -- from revenue in to services on the street -- in a straightforward way, so that readers are not overwhelmed with data.

There will probably be a two-part implementation process: first, the display of the basic information; second, any problems seen in the reporting.

Chair Poat asked when the template will be ready. Commissioner Greene thought the actual template would be presented no later than April.

Commissioner Kahn asked if the Commissioners are likely to see something that looks like a financial statement, like a balance sheet. **Commissioner Greene** responded that he hopes so; although a lot of the information is not set up that way. There is so much data that is as yet unseen that it is difficult to be certain.

Chair Poat asked if sufficient resources are available to achieve the task? **Commissioner Greene** said yes, with one exception. A very helpful contractor is coming aboard and they have received very good cooperation from DMH and the counties. The exception is that they would like to find the money to do a contract for projections, as it is very important for the Commission to think about the world of this program in five years or more. **Chair Poat** agreed, especially considering that the Commission hasn't yet moved to the Integrated Plan and it is important to be aware of trends going down or up.

Commissioner Henning suggested that, in addition to having a contractor, they probably need to have someone else come on board who would have the expertise required, especially in the crucial area of the volatile funding stream.

Commissioner Kahn expressed concern about these short-term issues also and wondered what could be done to expedite getting a consultant on board. **Commissioner Greene** responded that he is not sure as yet.

Ms. Beverly Whitcomb, MHSOAC staff, commented that she attended the Mental Health Funding Committee Meeting and there is a lot of front work that staff could start right now. The next steps, as she sees it, are to create an inventory of all the reporting sources that they can get data from and then think about getting some added expertise.

Chair Poat stated that his experience has been that there are a tremendous number of information sources; the question is which ones to choose to monitor, and then to have the capacity to monitor and evaluate that information in enough detail to understand the underlying trends -- if possible, before they occur. Without this forecasting tool they could be walking off a cliff and not even know it.

Commissioner Van Horn asked if there is money available in the existing funds to go ahead and hire someone? **Chair Poat** responded that apparently this is something they need to find out. This will be a topic of discussion at the March retreat.

Commissioner Poaster thought they might have a template ready for review sometime in March. In terms of developing the expertise for forecasting, that will be something to have more discussion on. There are people who can provide the Commission with an independent view of the different types of forecasting available.

Commissioner Van Horn noted that we already know that there is a $250 million increase in Community Services and Supports (CSS) dollars and $92 million in Prevention and Early Intervention (PEI) dollars for 09/10. There is also a significant shortfall in VLF and sales tax, which is eating up most of the increase. Thus, things will stay roughly level through 09/10. MHSA income is forecasted to go down to about $900 million in 10/11. If DMH has to give up the roughly $460 million, as is asked in the budget bill, where is that coming out of? This information gets us to March, but by that time we need to have a good sense of where we stand and where we're likely to stand.

5. Discussion on Current Budget Issues

Chair Poat introduced the discussion by putting the current state budget deficit in perspective. The entire state General Fund is about $110 billion, so a $45 billion shortfall, the current projected deficit, is a significant percentage to have to deal with. This enormous shortfall has forced a number of very difficult choices.

A panel discussion then began, which included the Commissioners and the following guests: Kiyomi Burchill, Consultant to Senator Darrell Steinberg; Patricia Ryan, Executive Director, California Mental Health Directors Association (CMHDA); Rusty Selix, Executive Director, California Council of Community Mental Health Agencies (CCCMHA); and Stephen W. Mayberg, PhD, Director, California Department of Mental Health Services (DMH).

Commissioner Greene stated that the budget balancing effort, as it now stands, involves transferring $460.7 million from the Mental Health Services Act (MHSA) accounts to other parts of the budget.

Ms. Burchill updated the panel on the current budget situation. The budget cuts were comprised of $15 billion in spending cuts, $12.8 billion in temporary tax increases, $11.4 billion in borrowing and a $1 billion reserve. Some cuts may be restored, depending on the specifics of the federal economic stimulus bill.

Proposals were submitted to shift some or all MHSA dollars. The budget compromise concluded with a one time diversion for two years of $226.7 million of funded MHSA dollars in Fiscal Year (FY) 09/10, and up to $234 million in the second year. This was accomplished through two bills -- Senate Bills (SB) 10 and 19. SB10 authorizes this shift and SB 19 carries the title and summary, which voters will see when they vote on a special election for six statewide ballot initiatives (Propositions 1A through 1F) on May 19. Specifics about the MHSA are a part of Prop 1E. Senator Steinberg was deeply involved in these budget negotiations.

Following the election the Governor will put out a revision of the budget that adjusts for any changes in revenue, including revenue that is anticipated by the various ballot initiatives.

In addition, AB 5, the health trailer bill, was signed. That bill contains language regarding implementation of the MHSA. The OAC will now operate separate and apart from DMH. The bill also provides clear timetables for DMH and OAC to approve county expenditure plans, delays the creation of the Integrated Plan, and requires a certain level of input from CMDHA and other stakeholders before putting out revised funding levels.

The May 19 special election is the next part of this process. Senator Steinberg will support Prop 1E and has signed a ballot argument. All ballot arguments are now on the web. If voters do not approve Prop 1E then the $226.7 million will need to be found elsewhere.

Commissioner Hayashi stated that without Senator Steinberg's assistance the situation could have been much worse. She thanked the Senator for his leadership.

Mr. Selix, CCCMHA, remarked on the unique circumstances and uncharted territory that has been entered. He reiterated Commissioner Hayashi's statements about Senator Steinberg's role in the process. He also noted that he did not hear criticisms of the implementation of the MHSA; only that there is money there that might be used elsewhere.

If Prop 1E passes, $460 million will be lost out of model programs with strict accountability standards and the money will be put into the state General Fund, where it could be spent on anything. Also, these programs are PEI, which has a modest short-term cost but enormous long-term savings in lives and dollars. Unfortunately, long-term gains are never scored as a positive in today's state budget debate.

Mr. Selix stated that he thinks every mental health organization that legally can do so will oppose Prop 1E, and they are fashioning arguments in opposition. He stated that it needs to be made clear to the voters that, while legislators and the Governor have to defend their work product and say that this is an important part of balancing the state budget, it provides a tiny amount of immediate savings to the state. Even the Legislative Analyst acknowledges that not having enough money for mental health care can cost the state elsewhere.

Ms. Ryan, CMHDA**,** stated that they are trying to assess the political landscape before determining what action to take. In addition, CMHDA's bylaws do not allow them to take a position in contradiction to the California State Association of Counties (CSAC), the entity that represents the elected officials that run each of the 58 counties. CSAC has not yet responded to the ballot initiative. In the meantime, they are looking at the

proposed initiative and determining what the impact will be at the local level. They will then communicate to the public what that impact probably will be.

Since mental health services are not entitlement programs and social services-funded programs are, counties are in the hole by hundreds of millions of dollars. This means that mental health services will be locked into a lower realignment base for the foreseeable future. In addition, the Medi-Cal managed care allocation to counties has been cut several times over the past few years. Another reality is the decrease in property tax funding at the local level, which in turn fosters unemployment and increased mental health services need.

Thus, at a time when more revenue is needed, revenues are significantly reduced.

CMHDA is collecting outcomes data for MHSA services, which shows phenomenal savings in hospitalization, in the criminal justice system on both the state and local level, and in improved lives.

Their biggest concern is -- even assuming a way is found to take away money on a short-term basis in the least harmful way possible, it is not honest to think that this can be done without having significant disruption at the local level. It's not right to do that without recognizing what the long-term negative impact is going to be on the state budget.

She cautioned that we must find a way to do a better job of identifying what our priorities and needs are as a state; and then prioritizing and funding those priorities so there is a predictability to them so we see that if we don't put the money in at the local level for health and mental health services then the costs are going to expand dramatically elsewhere, and then we will be reduced to nothing for our social services programs.

Dr. Mayberg, DMH, observed that all social service agencies have an impact in one way or another in that, since we believe in integrated care, we can't just look at what we do in that vacuum, we have to look at what the implications are for the cuts that have been made in other services -- education, probation, etc. Those cuts have a ripple effect and need to be considered. How do we make the programs work? How do we plan and anticipate the bumps that are going to be in the road? We need to be conscientious about our planning.

He emphasized that that planning has to occur not only at the state level but at the local planning process level also. It requires us to look at the total picture, to look at every pot of money that exists in the state, and no one can be exempt from that. The sooner we can get this information and make decisions, the sooner we can begin to inform the local county process -- they need to know the playing field they are on.

We will soon get the report from the Franchise Tax Board on the "settle-up" of two years ago. That will help inform us about where to go.

Services have to be protected and existing programs need to be able to maintain their viability, and wherever we look to cut it has to either be in slowing down our implementations or in looking at monies that haven't been tapped for particular services as yet.

Vice Chair Poaster stated that it's his understanding that the legislation assigns the authority to DMH to determine where the cuts will be made. Has the director determined a process as to how that might occur? **Director Mayberg** responded that information is critical. There is the question of where the money is and where is it encumbered. Most of the MHSA monies have been committed. It's not encumbered, but the planning process is in place. That will need to be revisited. But also, those decisions cannot be made without determining more about what's going on at the local level. We need to understand what has been happening in the actual roll-out of these programs to be able to make informed decisions and understand the implications of those decisions.

At the federal level, the Federal Matching Ratio (FMAT) provides that for every dollar California got for Medi-Cal or Medicaid in the past, you had to have 50 cents state or county money and 50 cents from the federal; the sharing ratio was 50/50. In some states the sharing ratio was 75/25 federal/state.

The new formula raises the minimum to at least 57/43 federal/state ratio, and then it's adjusted based on unemployment, poverty, and many other bases. Health Services is currently calculating that exactly. So, we know that the base will be at least 57 percent and possibly higher. This is a retroactive rate; it is not proactive. Older services get more money, newer services less so. The system has been tamped down, restricted.

Commissioner Vega asked what happens if the initiative passes -- what is the OAC's role in determining where those monies will come from? **Chair Poat** responded that it is his understanding that the legislation directs DMH to lead the process of allocating the reassignment of funds.

Dr. Mayberg also said that one thing they want to tell all the stakeholders is don't stop the PEI planning process, don't stop submitting plans. We want to look at other ways to get there.

Commissioner Van Horn remarked that the local impact on MHSA programs, when budget cuts and lower revenues are taken into consideration, will be about $2 billion. **Chair Poat** expressed his sympathy for that argument and also noted that the revenues they were counting on coming in are not a birthright. This is why the Commission must take so much care in allocating their existing funds and in their overall strategy moving forward. There is no guarantee that the current revenue levels will be sustained.

Chair Poat asked for more elaboration on some of the proposals recently submitted as part of the budget deficit process. **Ms. Burchill** responded that in December the

Republican leadership proposed shifting all MHSA funds permanently, sweeping what existed and keeping all revenue in the future, subject to voter approval. In January the Governor proposed $226.7 million, which would increase each year, and a permanent shift ongoing from MHSA funds to the state General Fund. Prop 10 fund reserves, which are about $340 million, will be completely swept and their budget cut in half for five years -- a total of $608 million that will be a part of the budget package.

Chair Poat asked about any circumstances in the past where the legislature has taken monies from state funds targeted for a certain purpose without going to the voters to seek their approval. **Mr. Selix** responded that there are actually only three instances in existence that came from the voters that dedicates money -- Props 98, 10 and 63. And all three are being gone after. In addition, there is a history of the Department of Finance moving monies around from different "pots" to allow them to control the destination of those monies.

Chair Poat commented that, although the Commission is in need of "making lemonade out of lemons," it is in relatively strong position. The amount of money lost is not nearly what others wanted it to be. It is significant that the voters will be asked what to do. He echoed comments made earlier about the significant positive influence Senator Steinberg had on the process.

Commissioner Prettyman commented on the importance of Ms. Ryan's earlier point about making sure that they let people know what is happening; the positive results that have come about because of MHSA.

Commissioner Van Horn suggested that the Chair assign a funding committee and quick response group. As things emerge in the public world about what will and will not happen, the funding committee can look and determine what is accurate and not and get that out -- as an informational item, not as a lobbying force. **Commissioner Hayashi** followed up on that comment by suggesting that Ms. Ryan's organization would be well-positioned to help them with that.

The Commissioners continued discussion about preparation for the "yes" or "no" outcomes of the May 18 election. Chair Poat suggested that Commissioners be very cautious about the information they put out to the public before the election.

Commissioner Hayashi stated that she didn't think it was appropriate for the OAC to take a position on Prop 1E. Other Commissioners concurred; the Commission will share information with the public and simply leave it at that.

6. PEI Consent Agenda

(Sonoma County was removed from the day's Consent Agenda and their proposal discussion begins on page 11, after the formal Motion and vote on the five remaining counties -- Colusa, Placer, San Luis Obispo, Trinity and Tuolumne.)

Ms. Ann Collentine, MHSOAC staff, noted that to date the Commission has approved approximately $54 million for PEI throughout the state of California. She remarked that, prior to a plan coming to the Commission for their consent, the review team involves many individuals -- one to two OAC plan review staff; one to two cultural competency experts; a client member; a family member; one to two DMH staff members, typically a Commissioner (usually Mr. Pating); and a subject matter expert in a particular area.

After the review team meeting is held, the OAC review staff follows up with a letter and phone call to the county, and additional information is acquired if necessary. Technical assistance is provided to the county as needed. The revised plan is then reviewed again and incorporates the corrections, and a recommendation for approval follows, if it is qualified.

Additionally, the OAC and DMH provide pre-plan submission assistance when it is requested. They have made a concerted effort to let counties know that they are available to answer questions prior to a plan being submitted for review.

In addition to the five counties being presented today there are 11 other county PEI plans in review and technical assistance has been requested from 8-10 counties. The five counties seeking consent are:

- **Colusa:** This plan had a number of strengths. The program planning process included translation of surveys and a strong effort to facilitate and encourage the participation of community members. They have a wonderful program for developing youth leadership through a Friday Night Live that reaches large portions of the community. Recommend approval of $150,000.

- **Placer:** Their plan included a marketing campaign for community-wide wellness that was very inclusive and proactive. Older adults were identified as having the highest suicide rate in the county; a collaboration in the plan called “Bye Bye Blues” is unique and works in tandem with primary care clinics. Recommend approval of $1,433,374.

- **San Luis Obispo:** This plan has five projects. One unique feature is joint decision making with community partners regarding how to spend PEI funds. There is peer-to-peer coaching, a substance abuse screening tool for the older adults that is a model for other communities, and a caring caller program that enlists older adults and staff volunteers and recognizes their value as a major community asset. Recommend approval of $1,979,500.

- **Trinity:** This plan has two projects -- one in Hayfork, the other in the South Trinity Health Services Primary Clinic. The County Mental Health Director was cooking the meals so people would come to the meetings. The plan was responsive to lessons learned from the CSS planning. A community-wide challenge day for youth and family will involve teachers, administrators, and

mental health providers. They are also proficient at leveraging their resources. Recommend approval of $125,000.

- **Tuolumne:** The community programming process is commendable -- inclusive and engaging. They make focused attempts to reach native Americans, LGTBQ communities, ESL students and families. They uniquely use their demographic information to measure the success of their outreach efforts. The projects will effectively address disparities in the county and are consistent with creating a healthier social climate for students. The nurturing parenting project will produce positive results for children 0-5 and their parents. Recommend approval of $378,200.

Ms. Collentine noted that the full PEI plans are on the website and available to the public.

Public Comment

- **Ms. Stacie Hiramoto**, REMHDCO, thanked the Commission for listening to the community and taking the time to hear their concerns. REMHDCO and her other partners look forward to working with the Commission and obtaining more information about the process that they will then spread to the community. She reminded the Commission about the importance of looking into the concerns of and talking to the community and the counties -- not because of distrust but because of differences in perspective from county employees versus people in the community.

- **Ms. Dede Ranahan**, NAMI California, stated that issues around Sonoma are far from settled. She asked that, as the Commission goes forward and reviews their plan, they stay in touch with the various stakeholders to receive an accurate picture of what is happening there.

- **Ms. Stephanie Welch**, CMHDA, reiterated that Sonoma County residents are at the meeting and look forward to speaking at 1:00. In the future it would be helpful to have a better understanding of what the threshold is to remove something from the Consent Calendar so that all counties are aware of that and have that understanding. After hearing from Sonoma County residents she thinks that the Commission will have a better understanding of what leads to their confusion surrounding the process.

Chair Poat stated that being taken off a consent calendar does not in any way imply any judgment on the quality of the proposal being put forward. It simply means that the Commission is unable to proceed. On most consent items there is no comment, not even Board comment. Consent truly means 100 percent agreement; thus, removal from consent in no way prejudices the Commission with respect to its final disposition of the proposal, it simply means that the 100 percent agreement is not there. This afternoon will

provide an opportunity to hear from the Sonoma County delegation as well as the county and hopefully we will be able to resolve this issue in time to get a good proposal, with as much support as possible, as soon as possible.

Commissioner Pating thanked the PEI review team and staff for their hard work. He reiterated that the process has a lot of integrity in that it assures that the guidelines are met. The Commission is and will remain committed to a vigorous community planning process.

He further commented that the amount of vigor coming out of the counties, both small and large, is exciting. Each plan presented today had some "wow" to it. He has been more than surprised by the thinking and creativity that has gone into this effort. Looking at the plans shows that counties are truly grasping the intent of the Act.

Also, there has been a wonderful collaborative process between the counties and the Commission. The issue of learning from each other is essential and much of the work is consultative, not regulative.

Chair Poat asked that a roundtable be conducted, tentatively in October '09, to assess what is being learned through this collaborative process. **Commissioner Prettyman** cautioned that the Commission ensure that part of that roundtable presentation be a talk with the people that are actually receiving services -- consumers and family members that are the actual recipients of what's going on.

Commissioner Van Horn noted that the innovation guidelines require that there be indications of expected outcomes. That is not specifically required in the PEI guidelines but, because there has been almost no prevention nationwide, it would be helpful to add to the process some indication on what people are using as ways of evaluating the PEIs -- what sort of outcomes they are anticipating; are we learning specific things, in terms of programmatic designs, that are available to the community. He would like to see these as part of the overall PEI review process.

Commissioner Pating stated that the plan review for PEI has four components -- the robustness of community program planning; the actual program -- did it arise from the planning; leverage opportunities -- can we make this a win-win for all the partners; and looking at outcomes. Every program is required to have outcomes, but it will probably be several years before the numbers can take effect.

He continued, saying that there isn't a pot of money to pull together outcomes and information learnings from the programs. **Commissioner Van Horn** responded that there is a significant pot of money available somewhere, either through contracts or CIMH or elsewhere, to provide TA, and etc. in the PEI arena.

Commissioner Vega commented that one thing we now recognize in the PEI arena is that much of the solution resides in the community. He also supported the removal of

Sonoma County from today's agenda. It is their duty, as a Commission, to take the time and energy needed to resolve issues in the community planning arena.

Commissioner Kahn suggested that a slightly more thorough summary of each county's plan, using a set formula, might allow the meeting to move more smoothly. Right now, we have a list of what's really good with each program -- which is very useful; perhaps adding a more critical look would also be useful. **Commissioner Pating** and **Ms. Collentine** cautioned that there are timing issues involved with that, but they will work on incorporating more of that type of information in the future.

Chair Poat summarized the action items, noting that there is an agreement that Sonoma County will be taken off the consent agenda list, with no prejudice whatsoever towards the ultimate adoption of the plan but rather because some additional review needs to occur, and will occur later in the day's meeting (see "Sonoma County Discussion" below); a proposal will be submitted by staff for a "lessons learned" agenda item, roughly in the September-October meeting time frame; and staff is directed to develop a simple information tool to add to the existing content of the program plans.

> ***Motion:*** *Upon motion by Commissioner Van Horn, seconded by Commissioner Hayashi, the Commission, by voice vote, formally approved the PEI plans for Colusa, Placer, San Luis Obispo, Trinity, and Tuolumne Counties.*

Sonoma County Discussion

Chair Poat reviewed the events thus far: the Commission has adopted the five PEI plans (see above) and removed from the Consent Agenda, without prejudice, the Sonoma County plan. Additional comments will now be heard regarding that plan. Following that, the Commission will decide whether to put the Sonoma County plan back on the Consent Agenda in the future or proceed in a different direction. It will not be voted on today.

Mr. Michael Kennedy, Sonoma County Mental Health Director, discussed the process used to provide outreach and engagement in the mental health planning process in Sonoma County. Four work groups were held of about 100 people total. Work group composition was about 27% people of color -- 5% African-American, 20% Latino, and 2% Asian. Sonoma County is 22% Latino, 3% Asian, 1.5% African-American, and about 1% Native American.

About 80 hours of meetings were held; the 100 participants were extremely committed to the process. On the Steering Committee, 33% were people of color, including an African-American who, along with a fellow grad student, did about 200 surveys at Sonoma State with graduate and other students. He was also very involved in the work groups. The chair of the Mental Health Board, another African-American, was also involved with the entire process.

Focus groups were also done -- at Healdsburg High School; at Southwest Health Teen Advocacy Group; at Positive Images; with monolingual Spanish-speaking parents; and others. The groups represented a wide ethnic diversity. The county also funded, through CSS money and NAMI, to do outreach with the faith-based churches in the African-American community.

He agreed that they want to increase their access to the African-American community. To that end they have contacted faith-based and other African-American community leaders and have set up a roundtable to work together on strategies to achieve that result.

Mr. Kennedy stated that his job was to respond to everyone and work together. If you look at their processes you will see that they are engaged with the local community, and that's the way it needs to be. This plan was adopted by the Sonoma County Mental Health Board.

Chair Poat then asked for **Public Comment**.

- **Mr. Sherman Blackwell**, Sonoma County resident for 40-plus years, described himself as a highly visible mental health activist. He owns and operates residential treatment facilities that serve behaviorally challenged psychiatric and disabled individuals. He sat on a task force formed to explore the idea of bringing crisis intervention training to Sonoma County.

  He applauded the Commission for taking Sonoma County off the Consent Agenda. He stated that there are a lot of objections to the process. There is in place a methodology in effective outreach engagement efforts for the African American community -- you ask the NAACP.

  He stated that he would be happy, as would the other concerned ethnic groups, to have an open forum convene in Santa Rosa to discuss their concerns and grievances with the Department and then at some point come to a memorandum of understanding that can be transmitted to the Commission. He desires a process where they can be included.

  Vice Chair Poaster asked if Mr. Blackwell attended the hearings at the local mental health board or at the Board of Supervisors. He stated that no one reached out to him.

- **Mr. Jim Pearson** stated that Mr. Kennedy has emphasized that this process was known a long time ago. He has only been involved in this for a few weeks, and that is because he is friends with Sherman Blackwell. He was not aware that this meeting was occurring until notified by a person who wishes to remain nameless two days ago. No one told any of the groups. There are letters of grievance regarding the lack of inclusion for minority members. There was a letter from

Pedro Toledo, and they have been trying to send letters for the last couple of weeks, since they found out that the PEI plan was ready to go to the consent process.

It has taken some time to put letters together and to inform the various groups. But they did manage to find those folks. There are people who are readily identifiable in Santa Rosa -- everybody knows the Reverend James Coffey, who knew nothing about this. The President of the NAACP knew nothing of this. No one they've talked with has ever received a phone call, a letter, or a notice that anything of this nature was going on.

He thanked the Commission for offering him the opportunity to speak.

- **Ms. Susan Castillo**, program manager at Sonoma County Mental Health, was involved in the community planning process for CSS and PEI. She stated that they were very proud of the process they used. It was an incredibly inclusive process that followed all of the guidelines set forth in the Commission's brochure about how to get community involvement.

  During the CSS process they gathered names of anybody who had participated at any level. They did e-mail blasts to inform people. Reverend Coffey was contacted personally to participate on the steering committee. They published in newspapers, they were on the mental health coalition website -- all of their meetings, all of the information from each meeting, all of it was published.

  She stressed that people of color in the mental health community were involved. They did as much as they could to involve knowledgeable members of people of color communities.

  Also, they absolutely believe that they can do a better job in general of including people of color communities to help with their planning processes and to serve them better and create better access.

- **Mr. Mario Guerrero**, program manager at Sonoma County Mental Health, emphasized what they are actually doing as part of the CSS planning process. They work with substance abuse, with the Federally Qualified Health Centers (FQHC), with the homeless providers, and with the police department on a regular basis. In the last fiscal year they saw about 1,600 unduplicated clients; 15% were Latino, 7% Native American and 4% African-American. They also did a lot of work in the jails. As a result of the MHSA they are doing a much improved job; although, of course they can do better.

- **Ms. Stacie Hiramoto**, REMHDCO, stated that outreach is a difficult thing. Putting something in the newspaper or on a website is fine but it needs to go way beyond that. From her perspective, she was not aware of this issue until a few

days ago, when she got an e-mail stating that people of color were concerned that they were not involved in the process. She called the NAACP and found the person there was shocked to hear that the plan was on today's agenda. He further stated that they were waiting for notification from somebody that their complaints and concerns were going to be addressed.

She looks forward to working with the Commission on developing a procedure that results in people not feeling like things are happening that they don't understand or are not aware of.

- **Ms. Dede Ranihan**, NAMI California, stated that about eight other people were going to be here today, but decided not to come after they received phone calls informing them that this had been taken off the calendar and they didn't really need to come. She expressed disagreement with remarks made by Mr. Kennedy regarding conversations between NAMI California and NAMI Sonoma; some of his statements are not correct. She hopes that the right forum can be discovered to discuss these issues further.

Commissioner Kahn asked if there is a sense of the dynamic involved in the situation, or should the Commission simply "park" the situation at the local level and allow the people there to have discussions. **Ms. Collentine** remarked that, given the circumstances that have come together in the last 48 hours, staff felt that issues should be investigated and this could not occur in a 48 hour timeframe. The letters they have received have been forwarded via the issues resolution process. There are local and statewide perspectives, but these are things that should be resolved locally.

Commissioner Vega remarked that it is very hard to engage communities and requires diligence. It sounds like a lot of positive resolution has already occurred regarding some of the earlier questions, particularly surrounding Latino access. With ordinary plans that the Commission receives, letters are submitted with the plans themselves as part of the comment period. Is the PEI process similar or --? **Ms. Collentine** responded that information discussed by today's commenters was received after the PEI review process had been completed.

Commissioner Vega asked a clarifying question -- did Sonoma County contact the NAACP? Mr. Blackwell stated that they were never contacted. **Mr. Kennedy** responded by noting that probably most counties would not contact the NAACP through this process because they would be contacting providers in the African-American community. They did contact the school districts and overall were more focused on prevention and early intervention services providers.

Commissioner Prettyman asked about the Commission's practice when these consent items are to be placed on the Agenda. **Ms. Collentine** responded that notices are sent to the county who submitted the plan. It is then up to the county to promulgate the notice as they see fit.

Chair Poat summarized by noting that he is hearing comments from many good folks who all want good things to happen. He asked Commission staff to offer -- by next Tuesday (March 3) at the Executive Meeting -- a proposal on how we move towards evaluating the issues raised today, with the goal of getting the PEI plan back, either as it is today or with whatever amendments are required, as soon as possible. The most important thing is to get services out to people. He expressed his appreciation to the people who took the time to come before the Commission and provide their viewpoints.

After further discussion on the details needed, the Commission agreed to try and bring as much consensus as possible to the plan. **Mr. Kennedy** expressed his unhappiness at that conclusion. He stated that the plan reflects their county's demographics. Receipt of last minute letters has derailed the process. However, he will definitely meet with people to move forward.

Chair Poat concluded by stating that the plan would be deferred for one month to allow more consensus. He also noted that if agreement is not reached that does not mean that the Commission will not move forward with a decision on the plan in March.

Commissioner Prettyman reiterated the importance of knowing the names of the people who attended the meetings. Who are the stakeholders?

Commissioner Henning suggested that the plan be agendized for a vote, rather than as a consent item. **Chair Poat** stated this would be done.

7. Adopt Innovation Component Review Tool (postponed); Adopt Innovation Component Community Program Planning Request Approval Process

Chair Poat remarked that this will enable staff to begin the authorization of planning funds to counties. In making a request for the funds the counties will stipulate how much money they want, what they plan to use it for, and that they will honor a variety of guidelines that the Commission has established relating to inclusiveness, cultural competence, and etc.

Vice Chair Poaster inquired as to the total amount for community program planning estimates? **Ms. Collentine** responded that the maximum allowable is $35 million over the next two years. **Chair Poat** clarified that whatever monies are not needed for community program planning is automatically shifted over to program services.

> ***Motion:*** *Upon motion by Commissioner Van Horn, seconded by Vice Chair Poaster, the Commission, by voice vote, formally delegated authority to MHSOAC staff to approve Innovation Community Planning Requests from counties.*

8. Cultural and Linguistic Competence Committee Report - Disparities Report

Commissioner Van Horn, committee chair, introduced the report, which addresses mental health disparities in the MHSA.

Dr. Sergio Aguilar Gaxiola provided a Powerpoint overview of the problem. Highlights included:

- A disparity is basically a difference in access to, utilization of, and quality of care; a difference in health status; or a particular health outcome. A disparity in health care is a difference in treatment provided to members of different groups that is not justified by underlying health conditions or treatment preferences of patients.

- Disparities occur when we find "unequal" health conditions or "unfair" allocation of resources between different groups of people.

- Disparities research is focused on health conditions and resources that we think we have the potential to change.

- We are hoping to identify and measure disparities in mental health and monitor trends and changes in disparities. We then reduce disparities by informing targeted improvement strategies, establishing a California standard, and evaluating progress and change over time.

- To accomplish this we need to have a baseline to work from; a benchmark to measure from. Challenges faced in researching and compiling state data include the reality that data on specific racial, ethnic, and socioeconomic groups is often not collected, collected in different ways, or is not of sufficient sample size. Data is needed on the clinical level as well as the population level.

- Other challenges include the reality that the same data can be analyzed from the perspective of the patient, or from the perspective of organizations such as health systems or other agencies; these alternative perspectives can yield contradictory results. How accurately can we measure changes in disparity over time?

- He concluded by recommending that the Commission develop policies that encourage access to high quality care to persons who are in need of mental health services of ALL demographic backgrounds, especially those with mental health disparities.

Commissioner Van Horn then shifted focus to the Disparities Report, entitled "Addressing Mental Health Disparities in the Mental Health Services Act," which recommends a focus on disparities for racial, ethnic, and cultural populations that may be unserved, underserved, or inappropriately served -- issues of access, quality and outcomes.

The objectives are to provide clearer understanding of disparities in services, access and quality to inform the implementation of mental health policy; to inform the OAC in addressing concerns regarding fairness and equity in resource allocation; and to engage in next steps to further activities to address mental health disparities.

Part of the Cultural and Linguistic Competency Committee's mission is to ensure that the OAC has an ongoing focus in the area of access, quality, and outcomes disparities in mental health service provisions to unserved, underserved, and inappropriately served communities with historical disparities.

In October 2007 the committee presented a work plan to the OAC that directed the committee to clarify the terms unserved, underserved, and inappropriately served. The committee prepared a report to describe ambiguity regarding the terms and recommended focusing on disparities in services, access and quality.

Different terms have surfaced in recent discussions: "two-tiered" system (served and underserved) and "multi-tiered" system (served, underserved, and unserved). Serious flexibility is required when thinking about disparities. These terms have not been consistently used in MHSA policy documents.

Regulations define only "unserved" and "underserved." Some stakeholders believe that individuals currently receiving non-MHSA services should be eligible for MHSA services too (e.g. those receiving less than ideal services in their communities; and those living in board/care facilities with minimal supports/resources).

In addition, mental health services to racial, ethnic, and cultural communities are inadequate, inappropriate or non-existent. There is poor engagement and outreach to some populations; limited language access; limited access in rural areas; and the lack of culturally competent programs within existing mental health services.

Recommended next steps include:

1. Work with the Evaluation Committee to develop outcome indicators to measure disparities; increase services to racial, ethnic, and cultural communities; understand the extent to which counties are engaging previously unserved racial, ethnic, and cultural communities; understand the extent to which counties are monitoring their plans for quality improvement; and establish benchmarks for accountability.

2. There is a need to address emerging issues of "community-defined evidence" to use as evidence-based practices for racial, ethnic and cultural communities; to support growth of new approaches to improve quality of care; to support developing capacity and growth in innovative approaches; to move towards culturally and linguistically appropriate services and develop effective performance outcomes; and to clearly distinguish between access and quality.

3. Work with the Client and Family Leadership Committee to discuss the broad application of the terms "unserved," "underserved" and "inappropriately served" and how to apply these terms to all individuals and communities in California.

Commissioner Van Horn concluded by recommending and proposing the Motion that the OAC promote a focus on disparities in services, access, quality and outcomes to racial, cultural and ethnic communities whose members may be unserved, underserved, or inappropriately served and direct the CLCC to address the next steps outlined in the report.

Chair Poat clarified that what he heard is that better data is needed to close the vast gaps that exist; **Commissioner Van Horn** concurred. **Chair Poat** remarked that a key element is to have some sort of vision in place to inform their big picture evaluation of the MHSA implementation, which is scheduled to move forward before the summer (after the consultant begins, sometime in April). **Commissioner Van Horn** agreed, and stated that one of their outcomes is to arrange for some competent training in cultural and linguistic competency for both the OAC and OAC staff.

Commissioner Gould noted that there is evidence in this report that there will actually be some specific tasks developing; some specific data collection measures. It is a good step in the right direction for figuring out where the gaps are.

Commissioner Van Horn thought that definitions of outcome indicators to measure disparities should be in place by mid-Summer 2009 (Step 1); needed community-defined evidence to use as evidence-based practices would be determined by February 2010 (Step 2); and the broad application of the terms unserved, underserved, and inappropriately served to all individuals and communities in California would be ready for implementation in August 2009 (Step 3).

Commissioner Van Horn noted that the terms "unserved," "underserved," and "inappropriately served" are "squishy"; i.e. not easily defined and varying from culture to culture. **Dr. Aguilar-Gaxiola** commented that these terms usually serve to call attention to the differences that people have in terms of access to and quality of care received.

Public Comment

- **Stephanie Welch,** CMHDA, commented on clarifying the Motion, specifically what the word "focus" meant. Chair Poat responded that these definitions would be amended in the final proposed Motion. Ms. Welch also thought that addressing these issues in the OAC Evaluations Committee would be beneficial in getting everyone on the same page.

- **Dr. Laurel Benhamida**, speaking as an individual but affiliated with the Muslim-American Society Social Services Foundation, noted that her community is at a

point where many individuals have been financially successful, places of worship have been constructed, and there are Sunday Schools; it is also a community where people with mental health issues suffer in silence and never seek help unless a crisis occurs, and then a family is destroyed.

She suggested that, if the Committee is looking for data, first look at ethnographic work and be sure they're asking the right questions. If they go right into quantitative research they will more than likely end up asking the wrong questions and then the data will not be useful. She highly recommended this two step process. She invited anyone who is interested to attend her Foundation's meetings and get-togethers and see what life is like in their community.

Motion: *Upon motion by Commissioner Van Horn, seconded by Commissioner Kolender, the MHSOAC adopted the reports from the Cultural and Linguistics Competence Committee (CLCC) addressing mental health disparities with the following work plan:*

1. Partner with the Evaluation Committee to adopt disparity measurements by August 2009;
2. Partner with the Client and Family Leadership Committee to adopt a working definition of the terms "unserved," "underserved," and "inappropriately served" and a strategy as to applying those terms to individuals and communities in California;
3. Working independently, the CLCC will recommend measures of community-defined evidence by February 2010.

The motion carried unanimously by voice vote.

9. <u>Presentation: DMH Proposed MHSA Issue Resolution Process</u>

Ms. Whitcomb, OAC staff, briefed the Commission on the objective of the Issue Resolution Process, which is to provide an overview of the activities of a work group convened by DMH to develop a proposed "Issue Resolution Process" for filing and resolving issues related to the MHSA; including the planning process, access to services, and consistency between program implementation and approved plans.

The purpose of the Process is to develop a method for filing and resolving issues related to MHSA development and implementation -- in Community Program Planning processes; in access to services; in consistency between program implementation and approved plans; and in appropriate use of funds.

Dr. Ann Arneill-Py, Executive Officer, Mental Health Planning Council, briefed the Commission on Planning Council discussion of the issue.

Ms. Welch, CMHDA, provided and discussed a handout delineating the current local process. CMHDA is committed to helping county directors share best practices with each other and to investigating how to use the mental health boards more effectively so there is a more robust local process to address issues in an expedient way.

Commissioners asked questions and discussed elements of the proposed Process as well as existing processes.

Chair Poat emphasized the need to ensure that the proposed Process incorporates a continual focus at the local level. If there are procedural deficiencies, the OAC wants to know about them so they can send the issue(s) back for review at the local level. The OAC is not the first place to come for resolution; it is the last place to come. He does not want to interfere with decisions made on the local level, especially when those decisions are made by elected officials.

Next steps include a DMH Webinar/conference call on April 2, 2009 to solicit input from stakeholders throughout California. Stakeholders submit questions and/or public comment before the Webinar and two weeks afterward. OAC staff will participate. After the Webinar, DMH will review the stakeholder input, use that input to finalize the process, and notify counties and stakeholders. These steps are scheduled for completion in Spring of '09.

10. Adopt the MHSOAC Report to the Legislature for FY 2008-09

Commissioner Gould commented that, especially in light of the budget discussion from earlier today, the critical nature of what the OAC is doing should not be taken lightly. DMH is required in statute to submit reports. OAC is directed to submit reports as it wishes, to inform the Governor and the Legislature. The Commission should carefully think about how it wants to get its message out, in terms of what it is doing that is changing the way services are provided -- how does sending a status report best serve getting the Commission's message out.

Commissioner Greene agreed substantially with Commissioner Gould. The OAC is obligated to report from time to time; this particular report should be reviewed. Perhaps a few of the Commissioners who have experience with the Legislature should also look it over.

Chair Poat and **Vice Chair Poaster** agreed with the previous comments. **Chair Poat** decided that discussion would be held at the Executive Committee meeting next week (March 3) on how best to proceed with the report. He also suggested that an outline for the report could be prepared and submitted for Commission approval in October or November of 2009.

11. Adopt MHSOAC Committee charters for Cultural and Linguistic Competence, Client and Family Leadership, Mental Health Funding, and Evaluation Committees

Motion: *Upon motion by Chair Poat, seconded by Commissioner Van Horn, the MHSOAC adopted the Committee charters and directed OAC staff to return the charters to the Commissioners in March with a common format, and with committee membership included.*

The motion carried unanimously by voice vote.

12. Adopt March 26-27 2009 Strategic Planning Meeting Agenda

Chair Poat stated that he has asked staff to schedule OAC activities in Sacramento for the foreseeable future in an effort to control costs; including the upcoming Strategic Planning Meeting. Most of the major organizations that engage with the OAC are either in Sacramento or have easy access to it.

Ms. Whitcomb noted the objectives for the Meeting:

Day One

- assess where we are today;
- understand future challenges and opportunities;
- define roles and responsibilities;
- establish strategic road map;
- examine ways to becoming more effective.

Day Two

- review Day One;
- what is working well operationally and what needs attention;
- meet separately on various issues, then report out to full Commission and compare notes;
- an end-of-the-day wrap-up, with a path forward for the next 6-12 months.

Chair Poat added a closed executive session for the Commissioners to review performance relative to personnel.

The scheduled time parameters are to start at 9:00 on Thursday and conclude at about 3:00 on Friday.

13. Open Public Comment

- **Ms. Hiramoto**, REMHDCO, commented on the proposed Issue Resolution Process. She apologized in advance -- even though she comes to all these meetings, she didn't know about this, although apparently it has been going on for almost a year. She felt that, in the spirit of the MHSA, it would have been nice for some involvement of community partners, particularly those from underserved ethnic communities. It would have been great to have had the opportunity to work with them from the beginning. She noted that the mental health boards and commissions are involved, but they are known to not have adequate people of color on those boards and commissions.

  When we talk about pushing this to the local level -- she works in a county and feels that things should happen at the local level. However, in some cases the Commissioners are better prepared to look at a plan and know whether it is good or not. There must be a way for local stakeholders to appeal to another entity.

- **Ms. Ranahan**, NAMI California, commented that today she is grumpier, less naïve, and far less trusting than she was yesterday. Part of the reason is the complete breakdown in the local grievance process witnessed today (regarding Sonoma County). She received five phone calls this week from NAMI members with various issues who are afraid to speak out. She agreed that she would like to see stakeholder representatives involved -- and not only on a conference call around the issue. They need to be on the committee.

  She also felt that (regarding the Sonoma County discussion) some of the comments made by members of the committees or from the Commissioners were not neutral; they were in favor of one or the other of the parties that were in disagreement this morning. Expressions of favor on one side or the other are not appropriate when deciding the issue.

- **Ms. Diane Shively**, United Advocates for Children and Families, echoed the issue around anonymity. Family members that she has worked with will reiterate that if they complain about their child's mental health treatment then CPS will be knocking at their door. Perhaps a spokesperson could speak on their behalf so that the issue could be raised in a thoughtful and meaningful way at the local level but that provided the anonymity to families. If we are going to transform the mental health system, we really need to hear more from families and there are a lot of family members out there who are not speaking out.

- **Ms. Molly Brassil**, California Primary Care Association, which represents clinics and health centers across the state, weighed in on the issue resolution process. They presented a letter which asks the Commission and DMH to work with the stakeholders, very much echoing previous speakers, to create a process that will be meaningful and avoid situations like the one that occurred earlier today

(Sonoma County). Improved communication can go a long way, with some better managing of expectations and having some process to point people towards.

Being with a statewide organization, she gets calls every day from members across the state who are having issues in their community and quite often it's something that could easily be resolved in the community. Giving them some type of tools -- a flow chart perhaps that details what they can do -- and having a mechanism for providing feedback to that person who raises the concern. What she has seen is that often people feel that they have raised concerns and those concerns go into a black hole somewhere. This would solve many problems.

Lastly, they are looking forward to the Webinar that the state will be holding to talk more about this. She encouraged the assurance that this Webinar be well publicized.

14. Adjournment

Chair Poat thanked the Commissioners, and summarized the day's accomplishments:

- They charted a course for the Commission on Prop 1E, which is very valuable. He expressed appreciation for everyone's leadership, which helped them to get to that stage. He thanked Commissioners Greene and Poaster for putting together an excellent panel for discussion of that issue.

- The Commission was able to pass PEI plans for a number of counties; a timeframe was placed to resolve the Sonoma County proposal questions.

- They were able to move forward on the Community Planning Process for the Innovation Component.

- Good dates are now in place for moving forward on the cultural and linguistic competence strategy. He thanked Commissioners Van Horn and Vega for their great work on that.

- Charters have been adopted on most committees moving forward. They can now start to think about how the committees need to work together to bring about final results.

- They have direction on how to proceed during the Strategic Plan Meeting next month.

Chair Poat adjourned the meeting at 5:24 p.m.